



**HUSKY Health – Medical Authorization Portal
Prior Authorization (PA) Request – Quick Reference Guide
Vision Care Services**



Table of Contents

Quick Reference	2
Vision Care Services PA Request Steps	3
Option to Save as Draft.....	4
View and Print Authorization Number and Authorization Summary	5
View and Print Determination Letters	6
Attach Additional Information	6
Cancel a Pending Authorization Request	7
Important Information.....	8
Vision Care Services - Authorization Request Entry Example	9



HUSKY Health – Medical Authorization Portal
Prior Authorization (PA) Request – Quick Reference Guide
Vision Care Services



VISION CARE SERVICES

Quick Reference

Field	Selection
Eligibility	Click in the eligibility information field
Auth Type	Vision Care Services
Auth Priority	Standard
Provider Details	
Referred by Provider	Search for the referred by /ordering MD and select the correct provider*. Enter phone and fax number.
Servicing Provider	Select "CMAP ID" from the dropdown selection and enter your billing provider ID* Enter phone and fax number
Diagnosis and Service Codes	
Diagnosis Description	Auto-populated when the diagnosis code is entered
Diagnosis Code	Enter ICD-10 diagnosis code*.
Procedure Description	Auto-populated when the procedure code is entered
Procedure Code	Enter V2799, then the down arrow*.
From Date	Start date of service
To Date	End date of service
Unit Type	Negotiated Price
Req.	Number of units requested
Overage	Type Y to indicate the request is over the pricing amount listed on the DSS fee schedule; otherwise, type N .
Note: Use + sign to add diagnosis and procedure codes as needed.	
Notes and Attachments	
Enter any notes or pertinent information.	
Attach all clinical documents needed to determine medical necessity. Include the actual acquisition cost.	

**Use the "down arrow" on keyboard to select.*

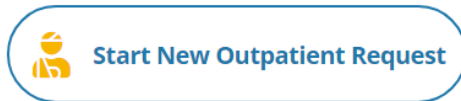


HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Vision Care Services



Vision Care Services PA Request Steps

1. Log in:
 - a. Users MUST log in with the correct billing **CMAP ID** for the provider/vendor they are requesting services for to be able to see authorizations submitted under that provider.
2. Click on the “Home” tab.
3. Click on the “Start New Outpatient Request” icon.



4. Enter the member’s Date of Birth and Member ID number, and click on “Find Member.”

Form fields for finding a member:

- * First Name
- * Last Name
- * Date of Birth (MM/DD/YYYY)
- * Member ID
- Buttons: Find Member, Clear

5. Select member by clicking on member’s box.

Member ID	Member ID : HTESTMEMBERW, Medicaid No : TESTMEMBERW	First Name	TEST	Last Name	MEMBER HUSKY D	Date of Birth	01/01/1973
Phone Number	203-949-4000	Primary Insurance	N/A	Secondary Insurance	N/A	Address	4 FAIRFIELD BLVD, MERIDEN, CT, 064920000

6. **Eligibility:**

- a. Select Active.

Eligibility filter form:

- Filter by:
- ☒ Active Eligibility
- ☐ Inactive Eligibility
- ☐ View Full Eligibility

- b. Click on the eligibility information box.

Eligibility information box:

LOB	ASO- Medicaid	Status	Active
Code	0013	Start Date	11/1/2016 End Date 12/31/2999
Benefit Plan	HUSKY A	Coverage Code	HUSKY A FOR KIDS UP TO AGE 19
Code	1013	Code	3049

7. **Authorization Type:** Vision Care Services
8. **Auth Priority:** Standard
9. **Provider Details:**
 - a. *Referred by Provider (Surgeon/Ordering MD):*
 - i. Search for the referring provider, and use the “down arrow” on your keyboard to select the correct referring/ordering provider.



HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Vision Care Services



- ii. Use the advanced search tool to assist with provider look-up as needed.

* Referred By Provider Name
(Surgeon/Ordering MD)

Provider Name ▼

Begin typing name or code to select

- iii. Enter the **referring/ordering provider's phone** and **fax number**.

b. *Servicing Provider:*

- i. Select "CMAP ID" option from the dropdown selection.
- ii. Enter your billing CMAP ID and select the billing provider.
- iii. Enter **servicing/billing provider's phone** and **fax number**.

10. **Diagnosis Code(s):**

- a. Diagnosis Description: auto-populated based on code selection
- b. Diagnosis Code: type ICD-10 code
 - i. Use the "down arrow" to select code.
- c. Use the + sign to add codes as needed.

11. **Procedure Code(s):**

- a. Procedure Description: auto-populated based on code selection
- b. Procedure Code: type the procedure code.
 - i. Use the "down arrow" to select code.
- c. From Date: enter the start date of service.
- d. To Date: enter the end date of service.
- e. Unit Type: negotiated Price
- f. Req.: enter the requested number of units
- g. Overage: type **Y** to indicate the request is over the pricing amount listed on the fee schedule otherwise, type **N**.

12. Click **Next** to proceed with authorization:

a. **Option to Save as Draft**

Please note: The option to **Save as Draft** can be used if the clinical information is not available at the time of the authorization creation.

The authorization will NOT be available to HUSKY Health staff until the user clicks on "Submit."

All authorizations must be submitted within ninety (90) business days of the start date of service. The option to **Save as Draft** does not override this requirement.


- i. To retrieve a list of authorizations "saved as draft":
 1. Go to the Home tab and scroll down to see Draft Authorizations.
 2. Click on "Outpatient Drafts."




HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Vision Care Services



Draft Authorizations

0 

Inpatient Drafts

1 

Outpatient Drafts


- Enter Member ID to search.
- Reopen the authorization draft by clicking on the “draft” link under **Status**.
 - Note: You may click on “Download Results” to export an Excel spreadsheet with all authorizations saved as a draft, if needed.

Draft Authorization List								
Inpatient		Outpatient		Member ID		Filters	Download Results	Columns
Draft ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
D02TYRCW	May 02, 2024	TEST MEMBER HUSKY A	ASO- Medicaid	N/A	Vision Care Services	Draft	N/A	PROVIDER DEFAULT

- Add **Notes** and **Attachments**, then select “**Submit.**”
 - Note: Both fields are required to proceed.
 - Include the actual acquisition cost.

View and Print Authorization Number and Authorization Summary

The option to view and print the authorization summary is available immediately after submitting a request. An informational message shows the authorization reference number and link to print the authorization summary.

 Your request #0501WZ71H has been pended. [Click to print](#)

- Scroll down to view the authorization details.
- To view the Authorization Number (KG#), scroll down to the procedure codes section and refer to the **Alternate Service ID**.


Procedure Codes			
Procedure Code	V2799	Primary Procedure	Alternate Service ID KG00585414
Procedure Description	VISION ITEM OR SERVICE MISCELLANEOUS		
Unit Type	Negotiated Price	Req. 1	Approved Units 0
From Date	05/01/2024	To Date 05/01/2024	Used Units
		Denied Units 0	Overage (Y/N) Refer to n
		DSS Fee Schedule	

- To print the Authorization Summary, select “Click to print.”
 - Note: The Authorization Summary may open on a new tab in your browser.



HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Vision Care Services



 Your request #0501WZ71H has been pended. [Click to print](#)

View and Print Determination Letters

1. Click on **Authorization List** on the left-hand menu.
2. Select **Outpatient**.
3. Enter the **Member ID** and press enter, or click on the magnifying glass to search.

Authorization List

Inpatient

Outpatient

Member Id

Filters Download Results Choose Columns

Authorization Created Date Clear All

Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
-------------------	--------------	-------------	-----------	----------------	------	--------	----------	------------------

4. Click on the caret symbol to expand the view.
5. Click on "View Letter."

Authorization List

Inpatient

Outpatient

Member Id

Filters Download Results Choose Columns

Messages Authorization Created Date Clear All

Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
0501WZ71H	May 01, 2024	TEST MEMBER HUSKY A	ASO- Medicaid	May 01, 2024	Vision Care Services	Pending	N/A	FACILITY DEFAULT

Auth Details

Primary Diagnosis CORTICAL BLINDNESS

Notification Date 05/01/2024

Decision Date N/A

Member ID : HTESTMEMBERP, Medicaid No : TESTMEMBERP

Referred By Provider Name (Surgeon/Ordering MD) FACILITY DEFAULT

Referred By Provider Fax 111-111-1111

Referred By Provider Phone 111-111-1111

View & Print Auth

View Notes

View Docs

View Letter

View Guidelines

View Discharge Plan

+ Additional Information

6. Click on the link next to Document Name to download or print the letter.

Letters

Auth Document ID 3099

Document Name [AP Outpatient Auth Provider.pdf](#)

Document Type Letter Document

Created On 03/26/2024 10:45:03 AM

Description AP Outpatient Auth Provider

Attach Additional Information

After the authorization is submitted, you may add notes and attachments to the authorization request while it is in **pending** status.

1. Click on **Authorization List**.
2. Select the **Outpatient** icon.
3. Enter the **Member ID**, and click on the magnifying glass to search.



HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Vision Care Services



- Click on the caret symbol to expand the view.
- Click on **+Additional Information**.

The screenshot shows the 'Authorization List' page. A red arrow points to the caret symbol next to the 'Outpatient' tab. Another red arrow points to the 'Member ID' search bar. A third red arrow points to the '+Additional Information' button at the bottom of the details section.

Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
0501WZ71H	May 01, 2024	TEST MEMBER HUSKY A	ASO- Medicaid	May 01, 2024	Vision Care Services	Pending	N/A	FACILITY DEFAULT

Auth Details

Primary Diagnosis: CORTICAL BLINDNESS
Notification Date: 05/01/2024
Decision Date: N/A
Member ID: HTESTMEMBERP, Medicaid No: STMEMBERP

Referred By Provider Name (Surgeon/Ordering MD): FACILITY DEFAULT
Referred By Provider Fax: 111-111-1111
Referred By Provider Phone: 111-111-1111

[View & Print Auth](#) [View Notes](#) [View Docs](#) [View Letter](#) [View Guidelines](#) [View Discharge Plan](#)

+ Additional Information

- Proceed to enter a note and add attachments (both sections are required).
- Click "Submit."

The screenshot shows the 'Enter Note' page. It has a text area for notes and a section for adding attachments. At the bottom, there are 'Submit' and 'Cancel' buttons.

Enter Note

Enter additional notes here
Click below to add documents

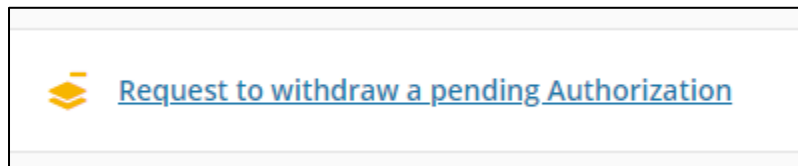
[Add Attachments](#)

Submit [Cancel](#)

Cancel a Pending Authorization Request

You may cancel/withdraw an authorization when it is in **pending** status only. To make a modification, or to cancel a request with a determination on file, please contact the Prior Authorization unit.

- Select the link labeled "Request to withdraw a pending Authorization" at the bottom of the Home page.



- Enter the Authorization ID (reference number) or member ID to search, and click on **Find Authorization**.



HUSKY Health – Medical Authorization Portal Prior Authorization (PA) Request – Quick Reference Guide Vision Care Services



Withdraw Authorization Search

Authorization ID# Service Start Date Service End Date Member ID Member Name

3. Click Select on the left side to select the authorization.
4. Check the box to select the service code(s) to be cancelled:
Add a note with the reason for cancellation.
5. Click **Submit**.

☐ Service Code Service Description Unit Type Requested Units Start Date End Date Status

<input type="checkbox"/>	V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Negotiated Price	1	03/20/2024	03/20/2024	Pending
--------------------------	-------	--------------------------------------	------------------	---	------------	------------	---------

Add Note [?](#)

Begin typing

[Add Attachments](#) [?](#)

6. To print the details, select the “click to print” link available in the confirmation message.

Withdraw request has successfully submitted on authorization #0320WDHW8. [Click to print](#)

Important Information

The following features are not operational in the authorization portal at this time:

- Messages
- Extensions
- Appeals
- Peer to Peer Reviews

Please contact the Prior Authorization unit for additional information, modification requests, or questions at **1.800.440.5071**.



HUSKY Health – Medical Authorization Portal

Prior Authorization (PA) Request – Quick Reference Guide

Vision Care Services



Vision Care Services Authorization Request Entry Example

Eligibility Select an eligibility

Filter by

☒ Active Eligibility ☐ Inactive Eligibility ☐ View Full Eligibility

LOB ASO- Medicaid

Code 0013

Status Active

Benefit Plan HUSKY A

Coverage Code HUSKY A FOR KIDS UP TO AGE 19

Start Date 10/01/2020

Code 1013

Code 3049

End Date 12/31/2999

* Authorization Type

Vision Care Services

* Auth Priority

Standard

* Referred By Provider Name (Surgeon/Ordering MD)

Provider Name PROVIDER DEFAULT

* Referred By Provider Phone

999-888-7777

* Referred By Provider Fax

999-666-7777

☒ Referred By Provider Name (Surgeon/Ordering MD) & Servicing Provider are same

* Servicing Provider

Provider Name PROVIDER DEFAULT

* Servicing Phone

999-888-7777

* Servicing Fax

999-666-7777

* Diagnosis Description

CORTICAL BLINDNESS

* Diagnosis Code

H47.61

☒ Primary Diagnosis

* Procedure Description

VISION ITEM OR SERVICE MISCELLANEOUS

* Procedure Code

V2799

* From Date

05/01/2024

* To Date

05/01/2024

* Unit Type

Negotiated Price

* Req.

1

* Overage (Y/N)

Refer to DSS Fee Schedule

N

☒ Primary Procedure

Save as Draft

Next

Reset

Cancel

Providers/Facilities must submit medical records with authorization requests.

Add Note

Test note

Add Attachments

Test_doc (2).pdf x

Submit

Cancel

Asterisk (*) denotes a mandatory field.